

**NOTICE OF INTENT
TO APPLY FOR
Male Involvement Program Funds**

To: Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
Suite 73.430, MS-8403
P.O. Box 997413
Sacramento, CA 95899-74113

Due Date: April 16, 2004, 5 p.m.

If transmitting by FAX, send to the Office of Family Planning at (916) 650-0455.

1. Name of Agency: _____

Name of Contact Person: _____

Address: _____

County: _____

Telephone: _____ FAX: _____

E-mail address: _____

2. Type of Agency:

☐ City Government

☐ County Government

☐ Health Clinic

☐ Community Based Organization

☐ Faith Based Organization

☐ Local District/Office of Education/High School

☐ Local Health Jurisdiction

☐ Other _____

3. Target Population(s) to be addressed (check all that apply):

☐ Pre-sexually Active Adolescents

☐ Sexually Active Adolescents

☐ Young Adults (at risk of unintended pregnancy)

☐ Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches)

☐ Parents, Families and Adult Caregivers

☐ Pregnant and Parenting Adolescents

4. The geographic service area of the proposed project:

County(s): _____

Regional (multi-county area) _____

Our Agency intends to respond to the Information and Education Program RFA. We understand that the information provided in the Notice of Intent to Apply is non-binding and is tentative and may change in the final application. The primary purpose of the Notice of Intent to Apply is to assist the Department in estimating the likely number of applicants.

Signature of Authorizing Agency Official

Date